Expect Better

Annual Report of the Director of Public Health 2017

WIRRAL

Foreword

Life expectancy at birth has improved both nationally and in Wirral over several decades. Despite this, gaps persist between the north and south of England and between men and women.

This report highlights the inequalities in life expectancy we see across Wirral and shows that this can be partially explained by differences in avoidable mortality - deaths which might be prevented through public health interventions or better healthcare provision. Rates of deaths due to conditions considered avoidable vary by as much as 5 times in men and 3 times in women across the borough.

People living in our more deprived areas tend to live shorter lives with a greater proportion of their lives spent in poor health. The early onset of illnesses or disability can place a greater burden on the health and social care system than when people live longer in good health. Around a quarter of deaths in Wirral are from conditions considered avoidable, i.e diseases related to smoking, poor diet, high blood pressure and alcohol. Taking action at any age is important.

There is marked variation in the uptake of immunisations, NHS Health Checks and cancer screening tests across the borough and these inequalities need to be addressed. Improving rates of uptake could have significant health benefits to Wirral's residents. It would save lives.

How people perceive their symptoms and the likelihood of developing serious diseases can have a big impact on how they react to them. If people see illnesses as unavoidable or untreatable, they may be less likely to attend screening appointments, consult for symptoms or take up offers of treatment.

There are many reasons why people might have lower expectations for their health. We can *all* expect better. Wirral Council is committed to taking action to support people to live longer, healthier lives.[1]

The Wirral Plan 2020 pledges to:

- Reduce the number of people who smoke in Wirral
- Reduce the impact of alcohol misuse on individuals and communities
- Increase the number of people with a healthy weight in the borough
- Support people to take more control of their health and wellbeing

We ask that Wirral residents take control of their own health and wellbeing by:

- Following health advice
- Making use of the many opportunities to improve their wellbeing that Wirral offers
- Seeking appropriate treatment for their symptoms
- Attending offers for vaccinations and screening tests
- Most of all, expecting better for their own health and that of their families.

Wirral's health and social care organisations must design and put in place services that recognise the inequalities in the borough. One size does not fit all.[2] It is our responsibility to ensure that everyone in Wirral has the chance to live a healthier life.

Fiona Johnstone,
Director of Public Health,
Wirral Council

1 https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Council%20Plan%20-%20a%202020%20Vision.pdf
2 http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review


"It is our responsibility to ensure that everyone in Wirral has the chance to live a **healthier life**"

Executive Summary

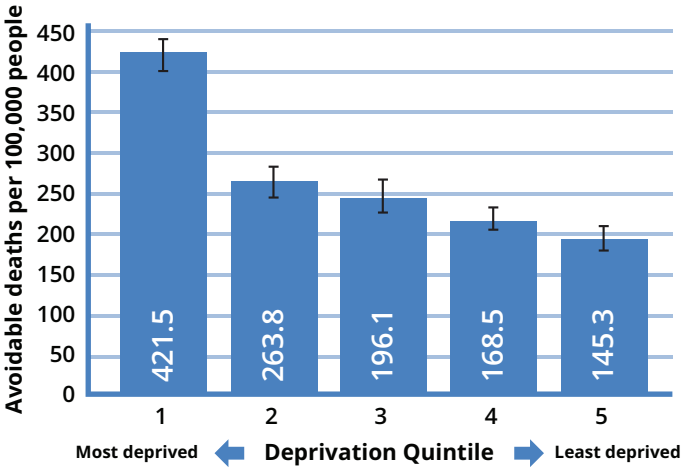
HOW LONG DO PEOPLE IN WIRRAL LIVE?

- Life expectancy has increased over recent decades. A baby boy born in Wirral today can expect to live to 78 and a baby girl to 82. However, there are large differences in life expectancy across the borough, with some areas having a life expectancy which is 10 years lower than more affluent areas.
- People living in deprived areas have shorter life expectancies and tend to spend more years of life in poor health.

"A baby boy born in Wirral today can expect to live to 78 and a baby girl to 82. However, there are large differences in life expectancy across the borough, with some areas having a life expectancy which is **ten years lower** than more affluent areas."

WHAT CAUSES WIRRAL RESIDENTS TO DIE EARLY? AVOIDABLE MORTALITY

- Differences in life expectancy may be partly explained by differences in avoidable mortality; deaths due to a defined list of conditions which are preventable (through reduced exposure to lifestyle factors or injury) or amenable to healthcare interventions.
- The proportion of deaths which are classified as avoidable deaths seems to be rising in Wirral. Avoidable deaths are around 50% higher in men than in women.
- Cancers accounted for 1 in 3 avoidable deaths in Wirral and cardiovascular disease accounted for 1 in 4. Coronary heart disease, lung cancer, chronic obstructive pulmonary disease, falls and alcohol-related liver disease were the most common specific causes of avoidable death for the period 2014-2016.
- There is marked geographical variation in avoidable mortality in Wirral. The rate of avoidable mortality, adjusted for population size and age, was 5 times higher for men and 3 times higher for women living in Birkenhead and Tranmere than in Heswall.
- As shown in the figure below, the rate of avoidable deaths in our most deprived areas is 3 times higher than our least deprived areas (2012-2016, 5 years pooled data).



WHAT ARE THE MAIN FACTORS CONTRIBUTING TO AVOIDABLE DEATHS IN WIRRAL?

- Smoking, poor diet, drinking too much and sedentary behaviour are amongst the major risk factors contributing to avoidable deaths in Wirral.
- People aged 40-60 experience increasing illness as diseases begin to develop as a consequence of the cumulative effect of social, economic, environmental and lifestyle risk factors. A third of 40-60 year olds in Wirral drink more than recommended, a third don't exercise enough and two-thirds are overweight or obese. Being in work is generally good for people's health but many working adults have chronic health conditions.
- National data suggests that the provision of healthcare varies across England. Some conditions are underdiagnosed in Wirral, such as diabetes, heart disease, hypertension and chronic obstructive pulmonary disease. Screening rates for bowel and breast cancers and abdominal aortic aneurysms are lower than the national average.
- There is a wide variation in uptake of important vaccines like the influenza and pneumococcal vaccines in high-risk groups. People with chronic diseases are at much higher risk of dying from flu. The flu vaccination programme can reduce hospital admissions for people with chronic diseases.
- Screening rates for cancers vary dramatically across Wirral. Breast cancer screening uptake ranges from less than 60% to more than 80% and bowel cancer screening uptake ranges from less than 40% to more than 60%. For both programmes, those GP practices in more deprived areas consistently have lower screening uptake rates.
- There is marked variation in invitations to and uptake of NHS Health Checks between practices in Wirral.

HOW CAN WE REDUCE AVOIDABLE DEATHS?

- Tackling avoidable deaths and reducing health inequalities requires a comprehensive and system-wide programme of activity. Resources need to be targeted at those most in need.
- Partnership working across organisational boundaries will allow us to share expertise and make the best use of scarce resources.
- We need a continued focus on smoking and cardiovascular risk factors, with health and social care professionals offering advice and support to patients as part of routine care.
- Reducing variation in healthcare provision can yield improvements in the health of our population. For example, if all GP practices had breast screening rates at least at the current Wirral average, we would expect to screen an additional 1200 women per screening round, saving 7 lives.
- We can expect better for Wirral and tackle inequalities in health by ensuring our efforts are focused on those with the greatest need. Our offers should be universal but with an emphasis on supporting those with the greatest need.

Contents

1. Life expectancy in Wirral

Life expectancy is an important measure of population health.[3] Monitoring it is crucial as it enables us to follow trends in health and health inequalities over time. For example, as healthcare and living conditions improved in England in the twentieth century, life expectancy showed dramatic increases - from 46 years for males and 50 years for females in 1900, to 76 years for males and 80 years for females in 2000, and has continued to increase since then.

INEQUALITIES IN LIFE EXPECTANCY

In 2014-16, life expectancy in Wirral was 78.4 years for men and 81.9 years for women.[4] During the period 2013-15, life expectancy for men in England was 79.5 and for women was 83.1 years. The longest life expectancies were seen in the South East. The London Borough of Kensington and Chelsea had a life expectancy of 83.4 years for men and Hart in Hampshire had a life expectancy for women of 86.7 years.[5]

The gap in life expectancy between Wirral and England has not decreased significantly over the past few decades.

Increases in life expectancy have not been uniform across the population. Marked increases have been observed in more affluent social groups, while progress has been significantly slower for people in more deprived social groups, meaning that in recent years, inequalities in life expectancy have widened.

Wirral has wide health inequalities, which are illustrated by the differences in life expectancy across the borough. Figure 1 and Figure 2 show that life expectancy at birth for males is around 11 years lower in Bidston and St James than in Heswall, and for women it is 10 years lower in Rock Ferry than in Greasby, Frankby and Irby.

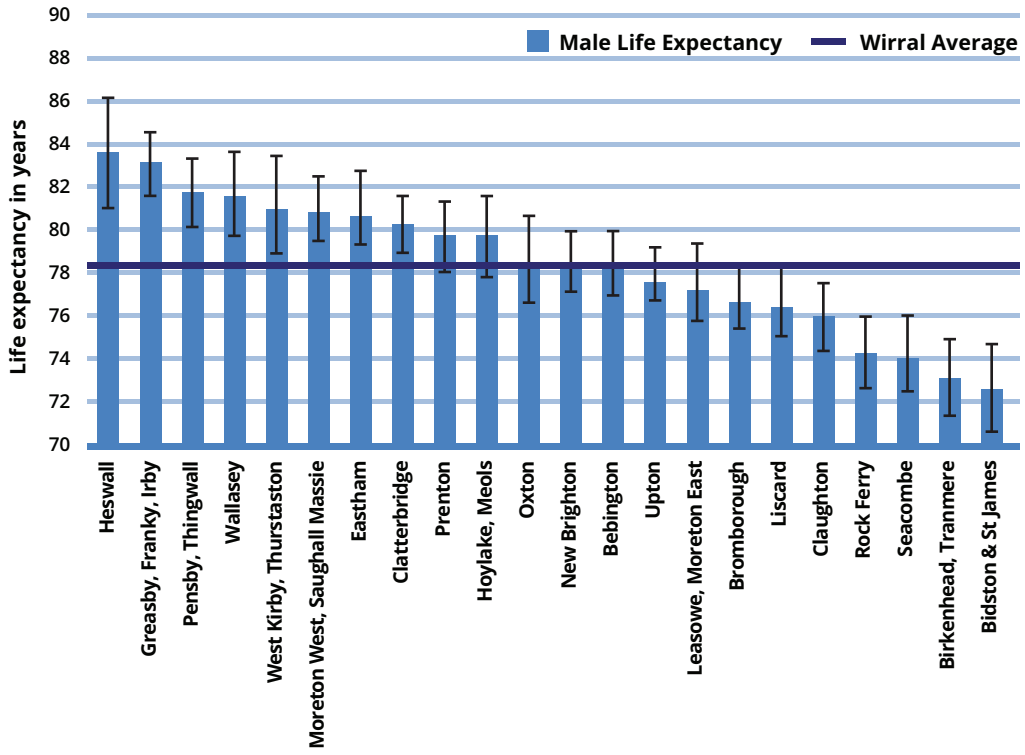


Figure 1: Male life expectancy by Wirral ward, 2014-2016 (3 years pooled data).

3 The way life expectancy is estimated is based on people dying within a given period, so even though it is labelled as 'life expectancy at birth' children born today may actually be expected to live a lot longer. It might be more accurate to label it 'expected age of death'. Life expectancy is a summary measure of the mortality experience of a group of people, rather than a predictive tool for individuals.

4 http://info.wirral.nhs.uk/document_uploads/JSNA%202016/Life_Expectancy_Update_June_2016_V4.pdf

5 http://www.phoutcomes.info/

The causes of health inequalities are complex and involve interactions between social and structural factors including educational attainment, employment status, income level, gender and ethnicity, as well as access to essential services.[6]

YEARS LIVED WITHOUT DISABILITY

Inequalities in life expectancy are not the whole story. The total number of years you can expect to live is an important measure, but so is the number of years you can expect to live before developing significant illness or disability. Inequalities in disability-free life expectancy are more pronounced than those for life expectancy. Nationally, the difference in disability-free life expectancy between the poorest areas and the richest is 17 years.[7] This means that not only will people living in deprived areas live shorter lives on average, they also tend to spend more years of life in poor health.[8, 9]

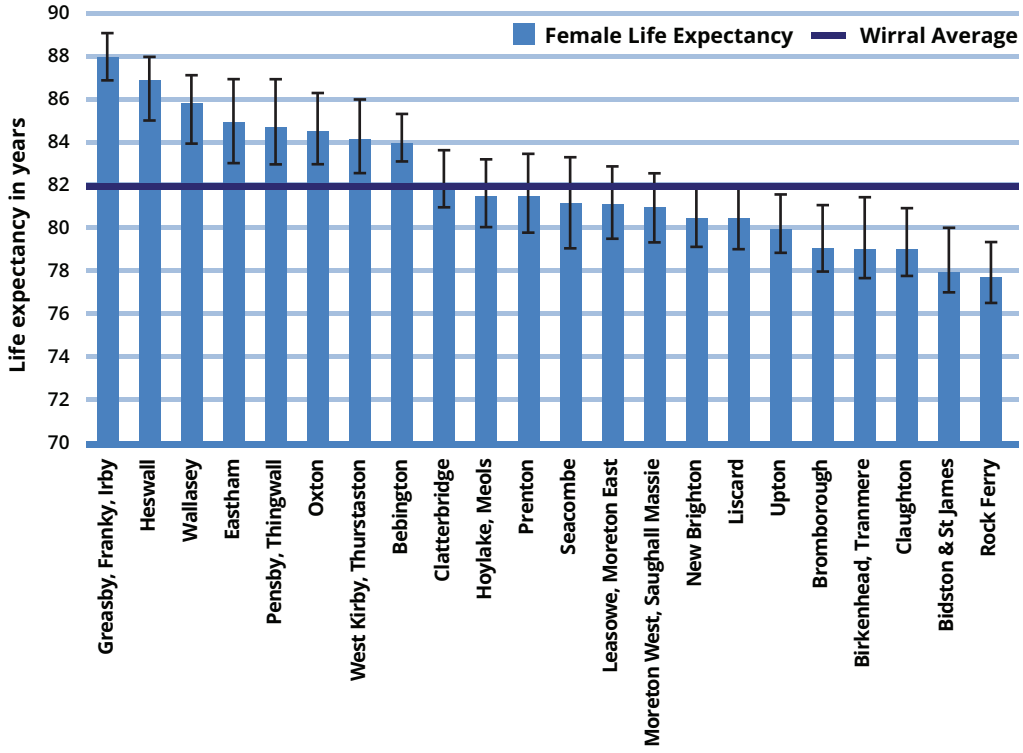


Figure 2: Female life expectancy by Wirral ward, 2014-2016 (3 years pooled data).

6 http://www.who.int/features/factfiles/health_inequities/en/

7 Disability-Free Life Expectancy (DFLE) estimates lifetime free from a limiting persistent illness or disability. This is based upon a self-rated assessment of how health limits an individual's ability to carry out day-to-day activities.

8 http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

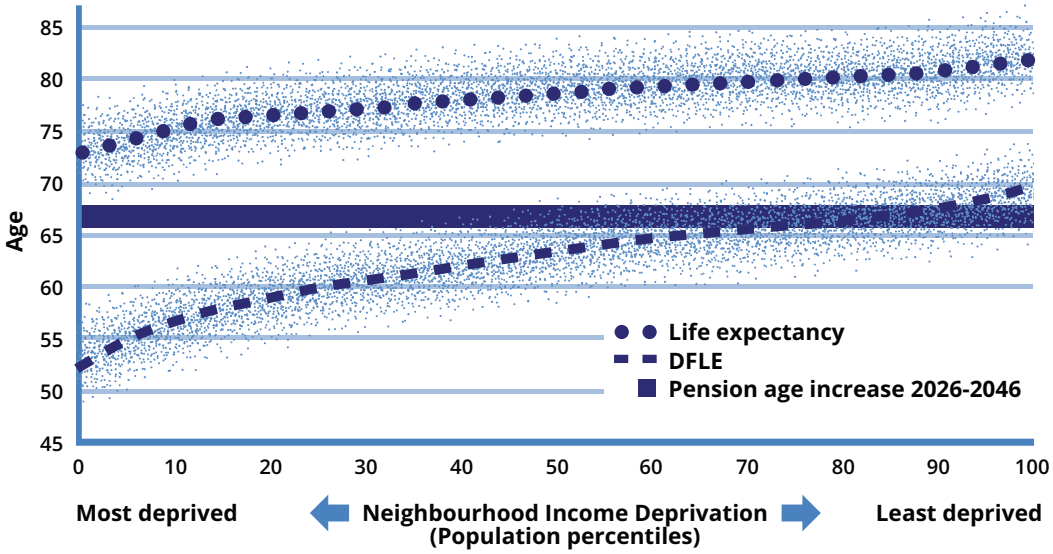
9 https://publichealthmatters.blog.gov.uk/2016/03/22/health-matters-health-inequalities-and-dementia/

The Marmot Review[8] reports that those living in our most deprived areas become ill earlier and have a lower life expectancy than the least deprived areas (see Figure 3). Many will experience significant illnesses before they reach the statutory pension age, which will impact significantly on their working lives. Other conditions such as anxiety, depression or chronic back pain make significant contributions to the years people live in poor health.

Between 2012-2014, the disability-free life expectancy for men in Wirral was 59.6 years and 60.5 years for women, compared to 63.3 years and 63.2 years for men and women in England respectively.[10] This means that Wirral residents spend a greater proportion of their lives in poor health than those in England overall. This data is likely to mask further variation within Wirral, with people living in our more deprived areas likely to experience a greater burden of chronic ill health.

Increasing life expectancy does not necessarily lead to an increased burden on the health system, as those living the longest lives are living fewer years with illness. Increased demand comes from increased illness and the number of illnesses residents have. Healthcare spending is highest in the final year of life but this spending declines as the age of death increases.[11]

Figure 3: Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999-2003.[8]



10 http://info.wirral.nhs.uk/document_uploads/JSNA%202016/Life_Expectancy_Update_June_2016_V4.pdf
11 https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP127_medical_spending_hospital_inpatient_England.pdf

2. What causes Wirral's residents to die early?

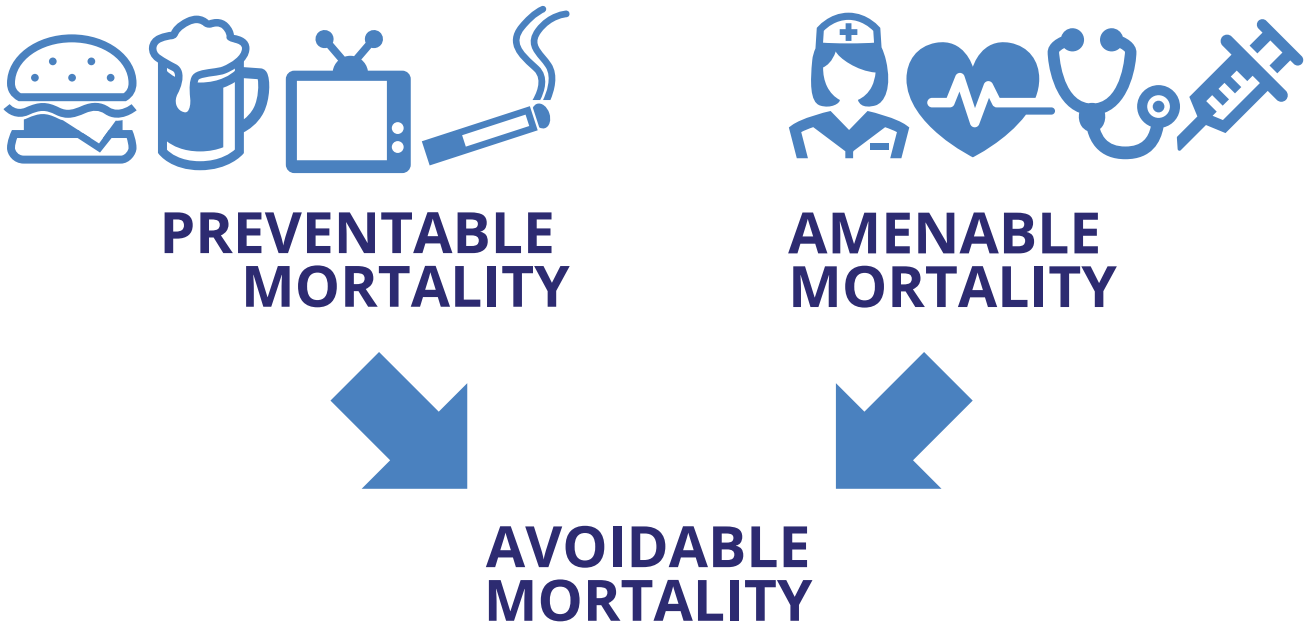
In this chapter we examine avoidable deaths in Wirral. Definitions of avoidable conditions are produced nationally and relate to specific age ranges.[12] For example, a death from breast cancer is considered avoidable if it occurs under the age of 75, whereas deaths from falls are avoidable at all ages.

AVOIDABLE DEATHS

Avoidable mortality can be broken down into:

Preventable deaths
Where most or all deaths from a particular cause could be avoided by interventions or changes to an individual's environment or behaviour. This could mean through action on smoking or alcohol, the types of food on sale, improvements to road safety or prevention of suicide.

Amenable deaths
Where most or all deaths from a particular cause could be avoided through good quality healthcare. These deaths might be prevented if services are easily accessible and effectively diagnose and treat conditions in all groups.



12 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/qmis/avoidablemortalityinenglandandwalesqmi

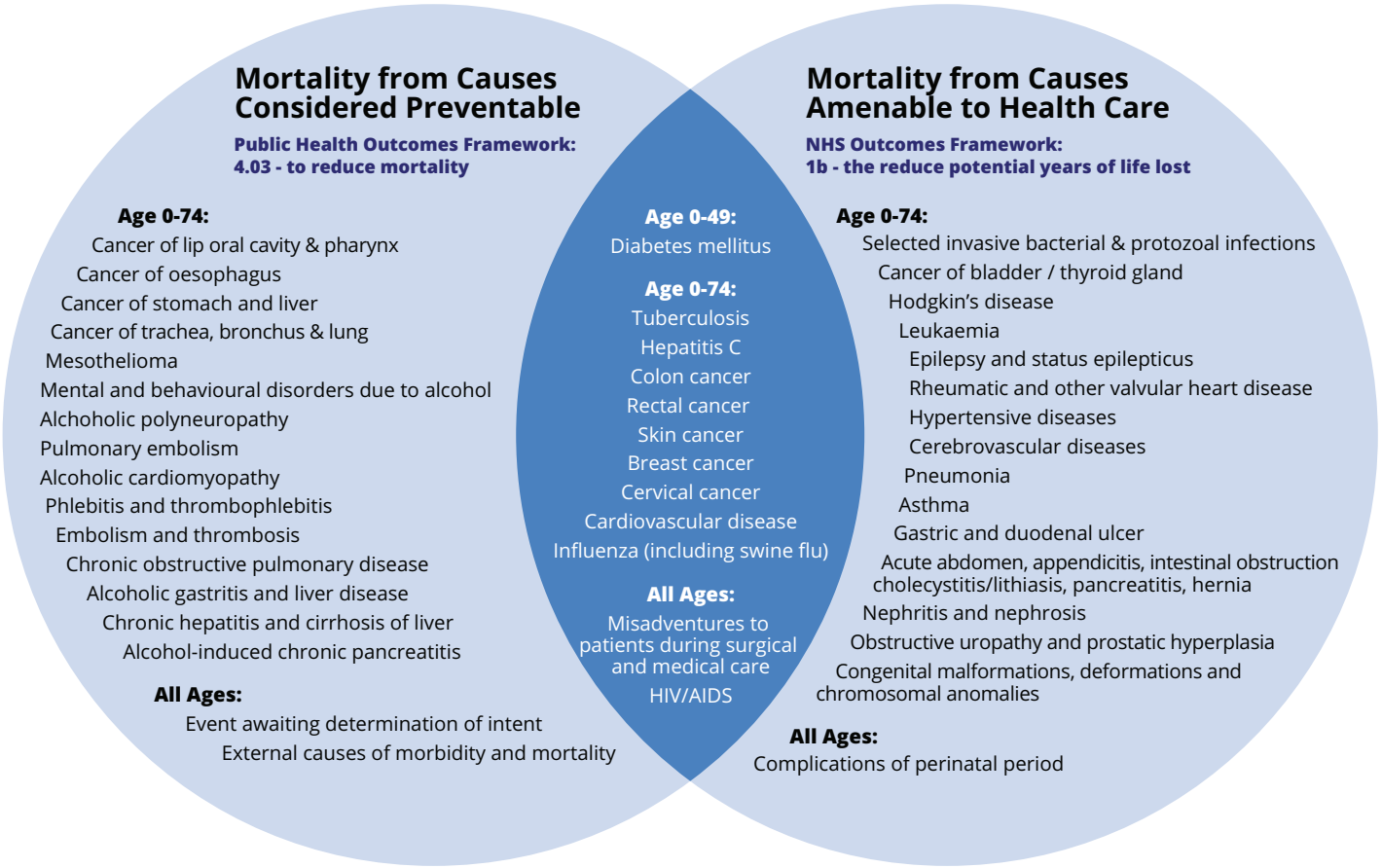
Figure 4 provides examples of conditions, which are considered preventable and those considered amenable to healthcare interventions. Some conditions, such as certain cancers, may appear in both groups as they would occur less frequently if certain risk factors were eliminated, they can also be diagnosed early through screening programmes and treated effectively.

As Figures 5 and 6 show, the largest cause of avoidable death in Wirral for the period 2014-16 was cancer (neoplasms). Cancer accounted for 1 in 3 of all avoidable deaths in Wirral (n=844) in this period. [14, 15]

The next largest cause was cardiovascular disease (CVD), which accounted for 1 in 4 of all avoidable deaths (24% or 596 deaths). Reductions in smoking and other risk factors produce a reduction in CVD more quickly than cancer. Deaths from CVD are falling while deaths from cancer are not reducing as quickly.

It is worth noting that alcohol will have had a wider impact than the 119 deaths from alcohol-related liver disease reported, as it will have made a sizeable contribution to deaths from other causes such as circulatory disease, cancer and digestive disease.

Figure 4: Comparison of Mortality from Causes Considered Preventable and Mortality from Causes Amenable to Health Care.[13]



13 http://www.blackpooljsna.org.uk/Blackpool-profile/mortality.aspx
14 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2015#the-north-east-and-north-west-of-england-had-highest-avoidable-mortality-rates-in-2015
15 This uses standardised years of life lost (SYLL) to indicate the potential number of years lost when a person dies prematurely.

Figure 5: Number and proportion of avoidable deaths by cause of death, 2014-2016.

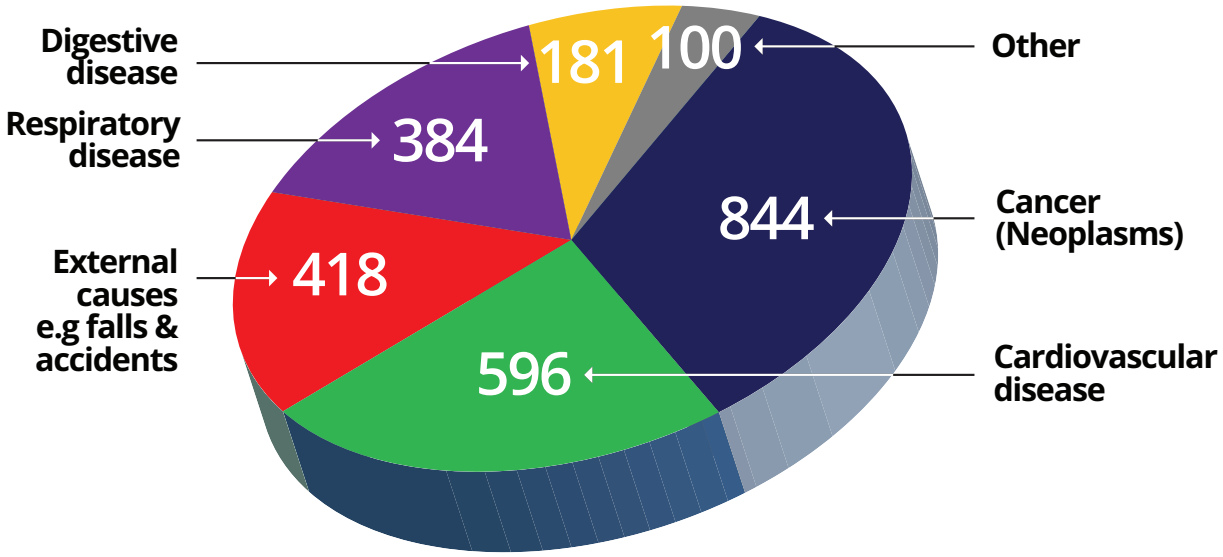
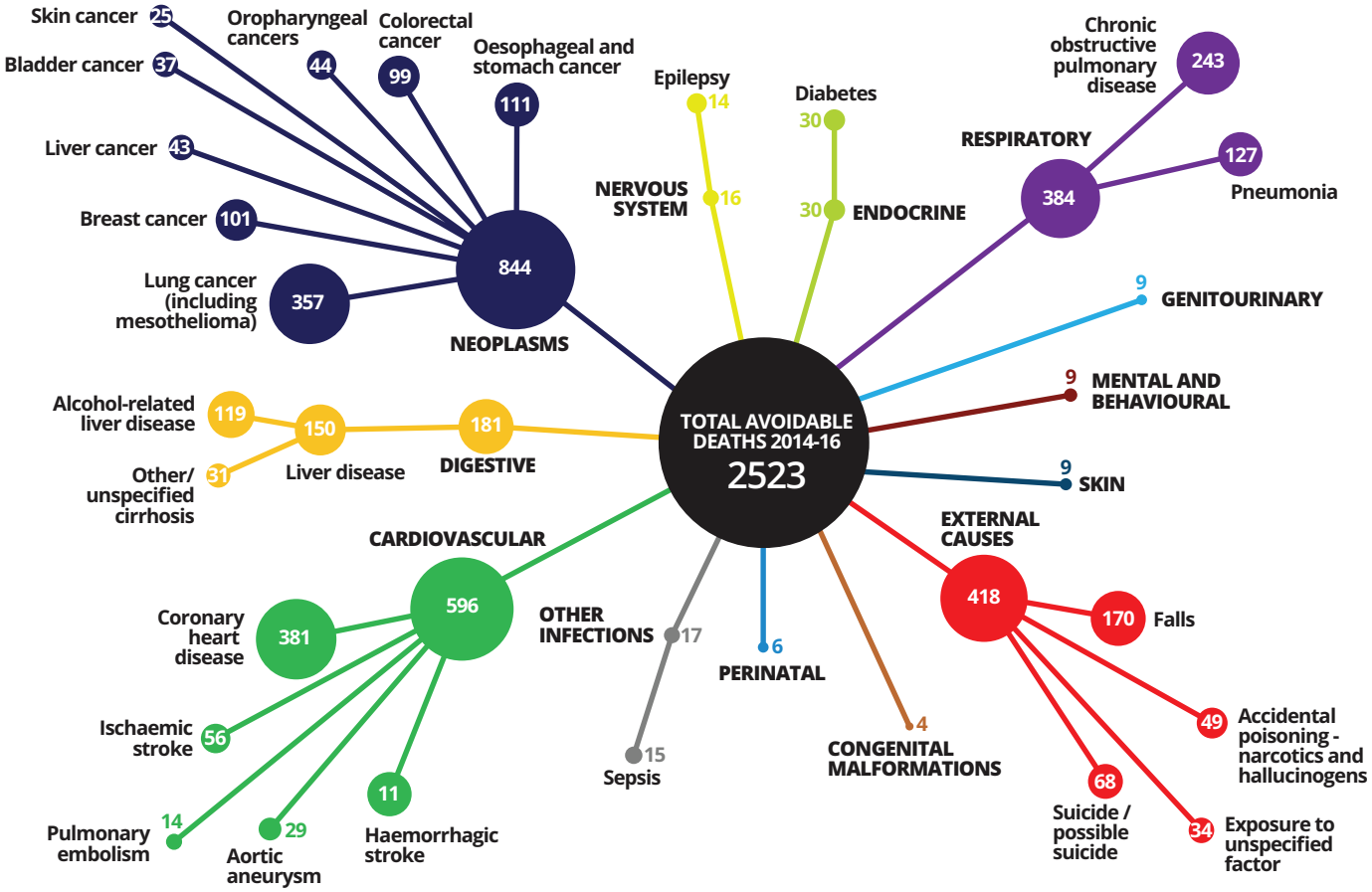


Figure 6: Causes of avoidable mortality in Wirral 2014-2016 (calendar years) pooled data.

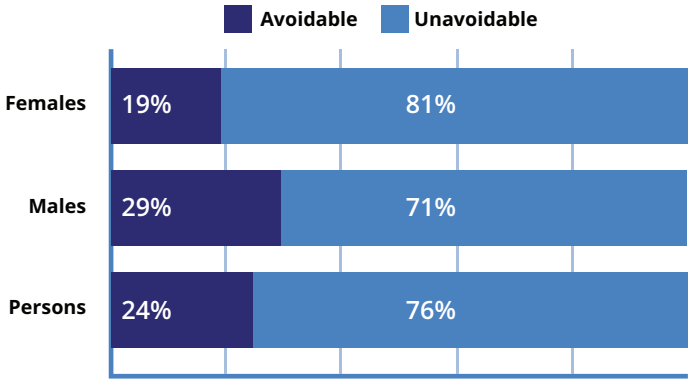


Trends in avoidable deaths

Figure 7 shows that 1 in 4 of all deaths in Wirral in 2016 was classified as potentially avoidable, which is similar to the figure for England.[16] This varied by gender in Wirral, however, with a considerably higher percentage of deaths classified as avoidable in males (29%) compared to females (19%).

The percentage of all deaths in Wirral classed as avoidable rose by 2% between 2012-2016.

Figure 7: Percentage of deaths considered avoidable in Wirral in 2016, by gender (as a % of all deaths).

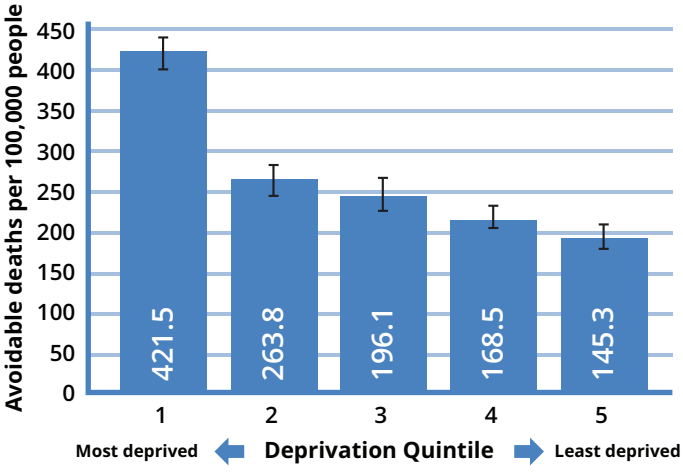


Local estimates suggest that 40-60 year olds in Wirral are exposed to more risk factors than in England as a whole, with a third of our 40-60 year olds drinking over 14 units of alcohol per week, a third being inactive and two-thirds being overweight or obese.

Many long term conditions such as type 2 diabetes and hypertension increase in prevalence for this age group, contributing to avoidable mortality.

Analysis of rates of avoidable deaths by where people live shows a stark picture. The difference between quintile 1 (most deprived) and all of the other quintiles is large (and statistically significant) as illustrated in Figure 8.

Figure 8: Rate of avoidable deaths (rate per 100,000) in Wirral by Deprivation Quintile, 2012-2016 (5 years pooled data).



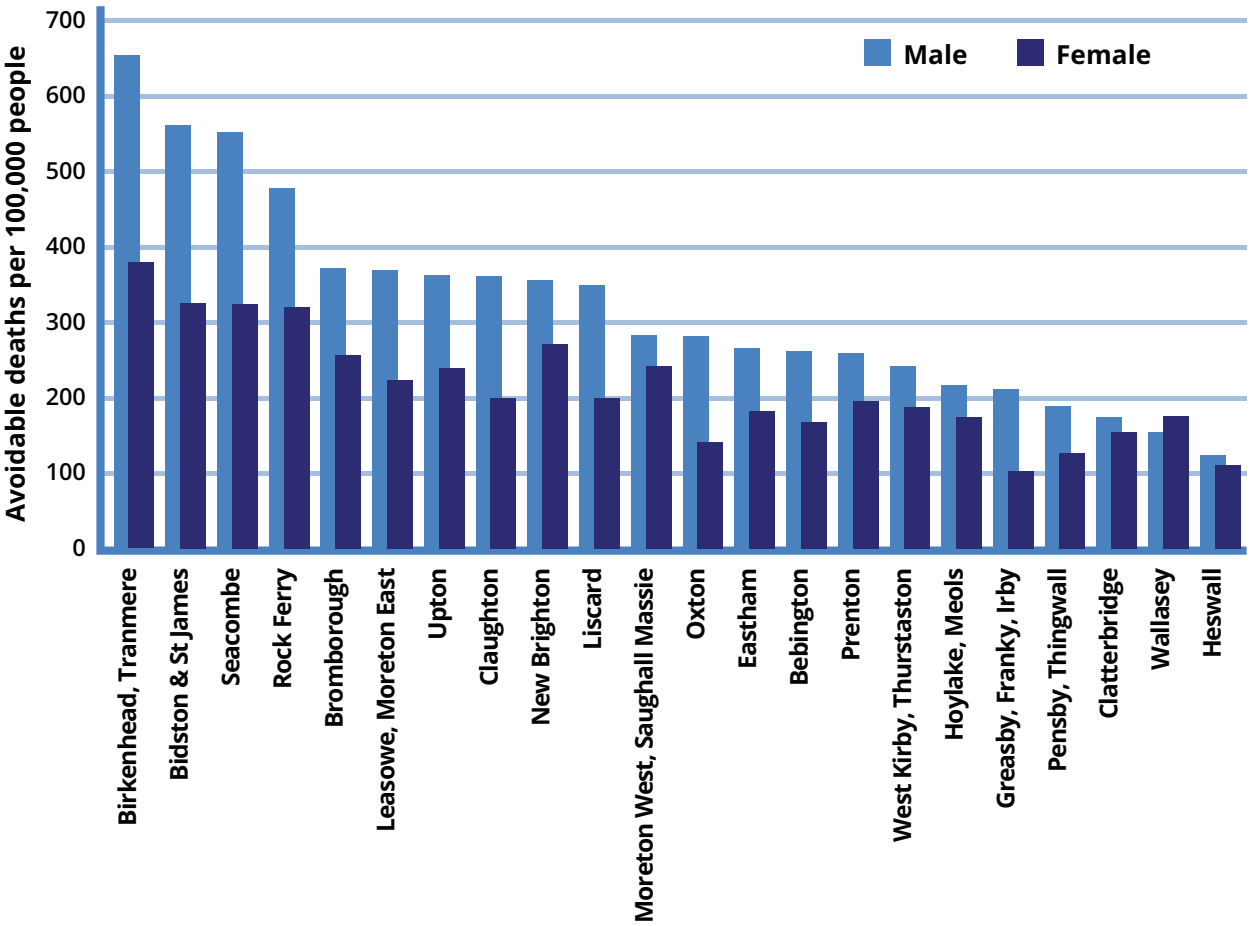
The avoidable mortality rate for quintile 1 is almost 3 times higher than quintile 5. This data illustrates that people living in areas of deprivation have 3 times the rate of avoidable mortality compared to those living in less deprived areas.

The Office for National Statistics (ONS) will report on inequalities in avoidable mortality in England and Wales using area-level deprivation measures in late 2017.[17]

16 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2015
17 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/avoidablemortalityinenglandandwales/2015#upcoming-changes-to-this-bulletin

Figure 9 illustrates the geographical differences in the rates of avoidable deaths experienced by local people. The rate of avoidable deaths (adjusted for population size and ages) was 5 times higher for men and 3 times higher for women who live in Birkenhead and Tranmere than those who live in Heswall. For males, the 4 wards with the lowest life expectancy at birth in 2014-2016 were also the 4 wards with the highest rates of avoidable mortality in 2012-2016.

Figure 9: Avoidable mortality rate by Wirral Ward, 2012-2016 (5 years pooled data).



The maps in Figure 10 and Figure 11 below show that the areas with the highest rates of avoidable mortality are in the north and east of the borough.

Figure 10: Male avoidable death rate by Wirral Ward, 2012-2016.

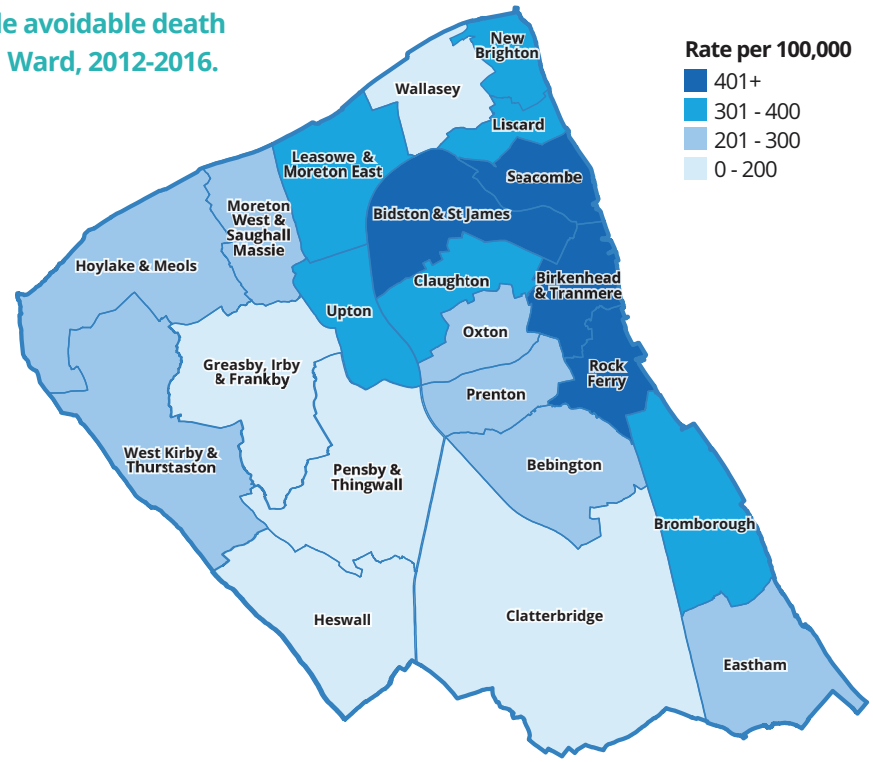
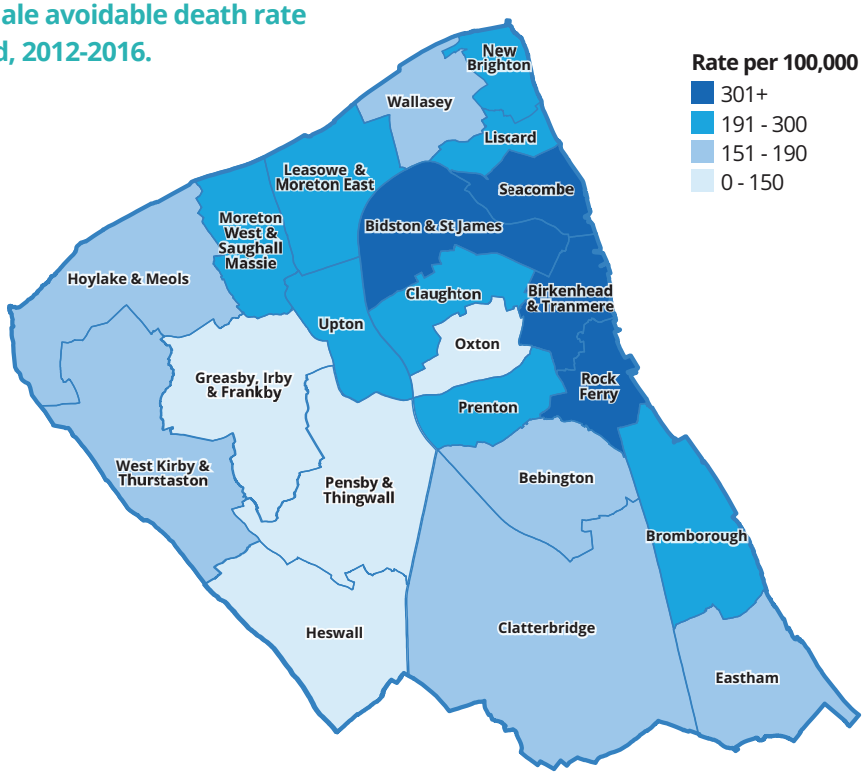


Figure 11: Female avoidable death rate by Wirral Ward, 2012-2016.



3. What is contributing to preventable deaths?

Cancers, cardiovascular disease, respiratory disease, gastrointestinal diseases and external causes are the key factors responsible for avoidable deaths in Wirral. Many diseases in these groups are more likely to occur in the presence of environmental and behavioural risk factors such as smoking, poor diet and alcohol.

GLOBAL BURDEN OF DISEASE

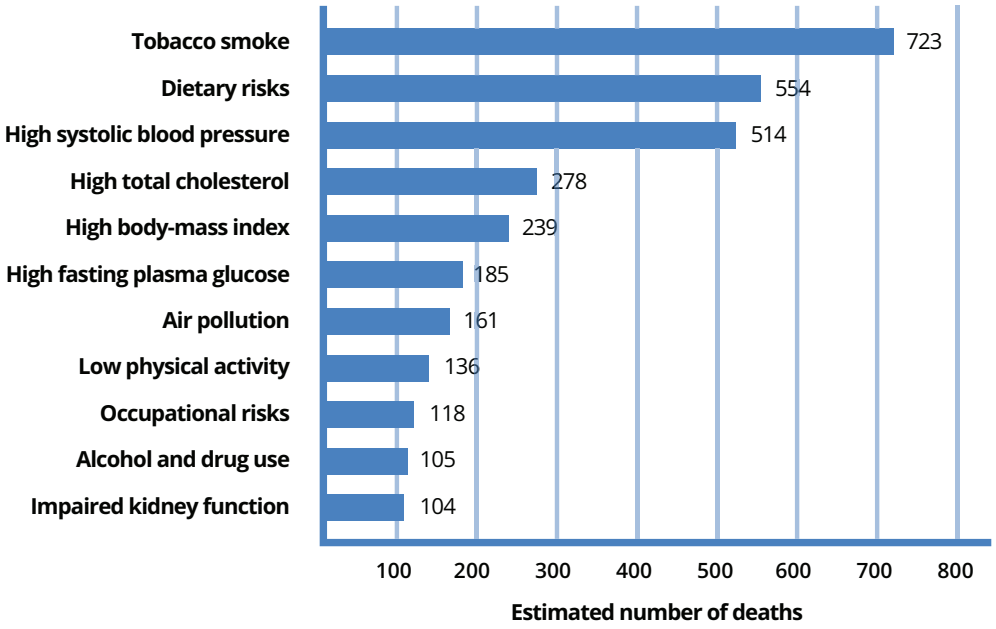
The global burden of disease (GBD) is a multinational project funded by the World Bank, the World Health Organisation, and the Bill & Melinda Gates Foundation, which aims to estimate the burden of disease around the world, by disease group, and by behavioural, metabolic and environmental risk factors.[18]

Burden of disease data is useful for prioritising health policy and investments, for instance by knowing whether lifestyle risk factors like smoking or alcohol use cause the most deaths. There is specific GBD data for England available at regional level.[19]

For the North West of England in 2015, the biggest population-level risk factor for early death was tobacco smoking, followed by dietary risks (e.g not eating enough fruit and vegetables or eating too much salt), high blood pressure, high cholesterol and being overweight or obese. The leading risk factors for years lived in poor health were being overweight or obese, followed by alcohol and drug use, high fasting plasma glucose, smoking, and iron deficiency.

Figure 12 below shows the estimated number of deaths in Wirral due to selected leading risk factors (those that cause more than 100 deaths per year).

Figure 12: Estimated deaths from risk factors in Wirral, 2015.



18 Collins, B. (2017). Results from a Well-Being Survey in the North West of England: Inequalities in EQ-5D–Derived Quality-Adjusted Life Expectancy Are Mainly Driven by Pain and Mental Health. Value in Health, 20(1), 174-177. http://www.valueinhealthjournal.com/article/S1098-3015(16)30105-X/pdf

19 https://www.gov.uk/government/publications/burden-of-disease-study-for-england

4. Factors contributing to amenable deaths

DIFFERING HEALTH EXPECTATIONS

Some of the variation in health outcomes seen between groups and areas may be explained by differences in attitudes to illness and health-seeking behaviours. These may emerge from different perceptions of health and illness in different groups or different expectations for health and the type of care received.

PERSONAL AND SOCIETAL FACTORS

Having low socioeconomic status (SES) means living without sufficient resources, be it financial or educational to meet your needs.[20] Financial pressures and competing priorities constrain people's ability to manage their own health. Decisions often focus on the here and now and it is often difficult to put valuable resources (be it time, money or the delay of pleasure) into things that may or may not occur in the future.

An individual's economic status is not the only determinant of their health. It has been argued that more societal inequality is associated with poorer health outcomes, partly through increased stress and anxiety.[21]

Perceptions of illness also differ between groups. Research into the experience of angina in a deprived area of Liverpool found that patients often feared hospitals and actively avoided healthcare.[22] People didn't know about available treatments for angina so learned to cope with their increasingly troubling symptoms. People attributed angina to old age even when they were only in their 50s and 60s or worried about taking valuable treatment away from a younger person, feeling that they were less deserving of this care.

Other work looking at lung cancer in Liverpool found that the diagnosis was feared and that there was a significant amount of fatalism – a feeling that lung cancer could not be prevented or treated.[23] At-risk groups perceived lung cancer as a death sentence with undesirable treatments, leaving some to feel that they 'would rather not know' if they had lung cancer. Many attributed high cancer rates in Liverpool to pollution and industry rather than smoking or other personal risk factors. Symptoms such as a persistent cough were seen as normal and not worthy of healthcare consultation.

One theory for why people may respond differently to hardship suggests three key factors:

- Whether life events are understandable and happen in a seemingly ordered fashion
- Whether you believe that you have the skills, resources, support or help to take things on
- Whether life is interesting and a source of satisfaction and therefore worthwhile[24]

These factors are all negatively impacted by poverty - low socioeconomic status may make 'appropriate' reactions to symptoms and illness more difficult.[20]

HEALTHCARE FACTORS

The health system itself may have lower expectations for the health of those living in our deprived areas. Findings from the English Longitudinal Study of Ageing found a substantially higher illness burden in less wealthy participants. However, this was not matched by appropriately higher levels of diagnosis and treatment.[25] Equitable receipt of a medical diagnosis may have an important role in reducing health inequalities.

20 https://www.jrf.org.uk/report/how-poverty-affects-peoples-decision-making-processes
21 https://www.equalitytrust.org.uk/resources/the-spirit-level
22 http://www.bmj.com/content/319/7207/418
23 Lung Cancer Screening Scoping Paper - Update – Public Health Liverpool (2015)
24 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2465600/
25 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4212182/

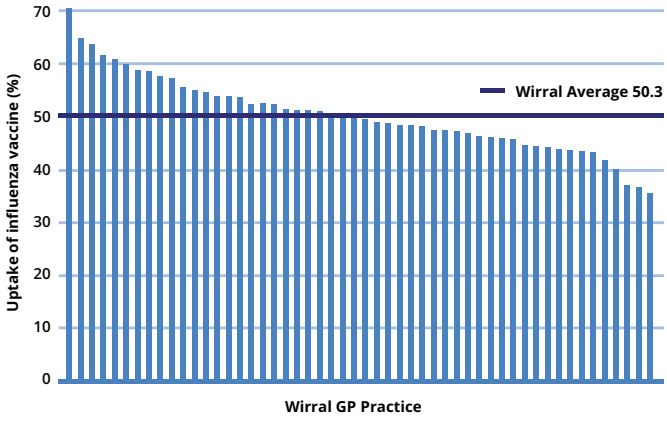
IMMUNISATIONS

Influenza (Flu)

Immunisation against seasonal flu is recommended for those aged over 65 or those in an at-risk group, as well as pregnant women and children. For under 65s, those in at-risk groups are more than ten times as likely to die from flu as those not in a risk group.[26] The flu vaccination is associated with a lower risk of cardiac events in those with heart conditions, and reduced hospitalisations among people with diabetes and chronic lung disease.[27, 28]

In Wirral, the uptake of the flu vaccine in high-risk under 65s varies between GP practices from more than 70% to under 40%. This is illustrated in Figure 13. Our vaccination coverage for flu in all at-risk individuals (all ages) was 49.6% in 2015-16, significantly lower than the national average, though similar to other areas in the North West.[29]

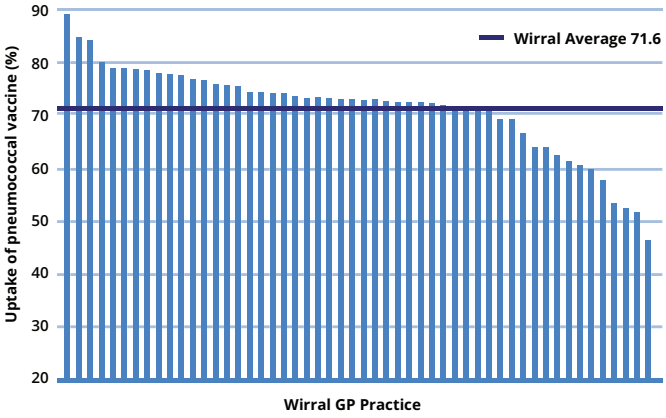
Figure 13: Uptake of influenza vaccine in high-risk groups aged 6 months to 65 years (2015/16) by Wirral GP practice.



Pneumococcal

This vaccination is recommended to people aged over 65 and high-risk groups and is effective in protecting against a common cause of pneumonia, a significant cause of avoidable mortality.[30] While the majority of Wirral's GP practices are achieving uptake rates of over 70%, several are achieving under 60%. The gap between the best and worst performing practices is considerable, as seen in Figure 14.

Figure 14: Uptake of pneumococcal vaccine (PPV) in Wirral GP practices (2015/16).



SCREENING

Bowel Cancer

When we look at the percentage of eligible people aged 60-69 years with a screening test result recorded in the previous 2.5 years from the NHS bowel cancer screening programme in Wirral, our rates are lower than comparable CCG areas at 55.9%. We can also see that rates vary significantly between GP practice.

26 https://www.gov.uk/government/publications/national-flu-programme-training-slide-set-for-healthcare-professionals
27 https://www.cdc.gov/flu/about/qa/vaccineeffect.htm
28 https://www.cdc.gov/flu/news/flu-vaccine-saved-lives.htm
29 https://www.gov.uk/government/statistics/public-health-outcomes-framework-may-2017-data-update
30 https://www.cdc.gov/vaccines/vpd/pneumo/public/

Figure 15 shows the percentage of eligible people screened by GP practices, ranked in order. Rates vary from more than 60% to less than 40%. We can also see in Figure 16 that as the deprivation score for a GP practice increases (located in a more deprived area), screening rates decrease.

Figure 15: Persons aged 60-69 screened for bowel cancer in last 30 months (2.5 year coverage, %) by Wirral GP practice.

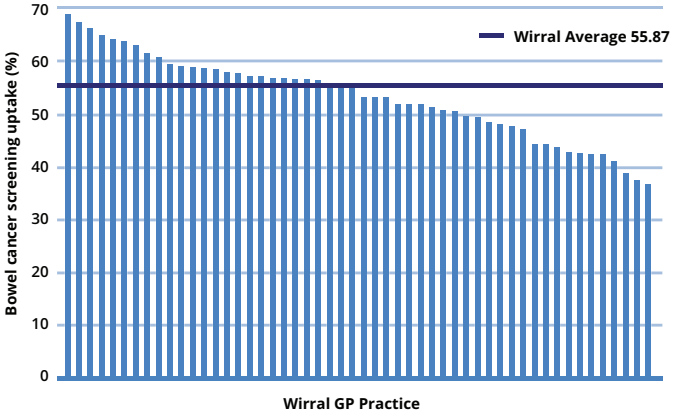
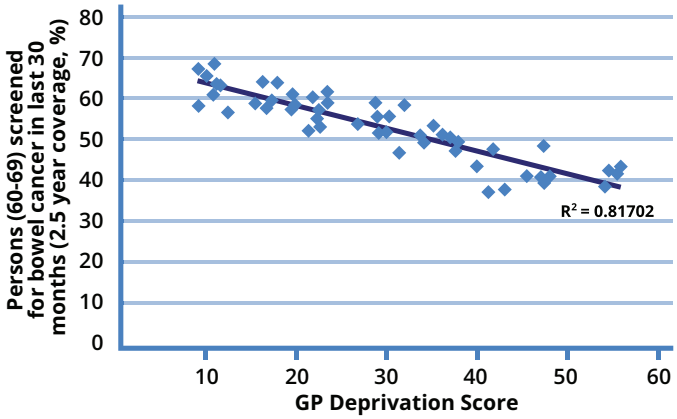


Figure 16: Correlation between GP deprivation score and bowel cancer screening coverage.[31]



Breast Cancer

For breast cancer screening, we have an average screening rate of 74.2%, which is higher than our peers.

However, Figure 17 shows that the percentage of women aged 50-70 screened within the last 3 years varies from more than 80% in some practices to less than 60% in others. Again, as GP deprivation score increases, screening rates decrease, as shown in Figure 18.

Figure 17: Females aged 50-70 screened for breast cancer in last 36 months (3 year coverage, %) by Wirral GP practice.

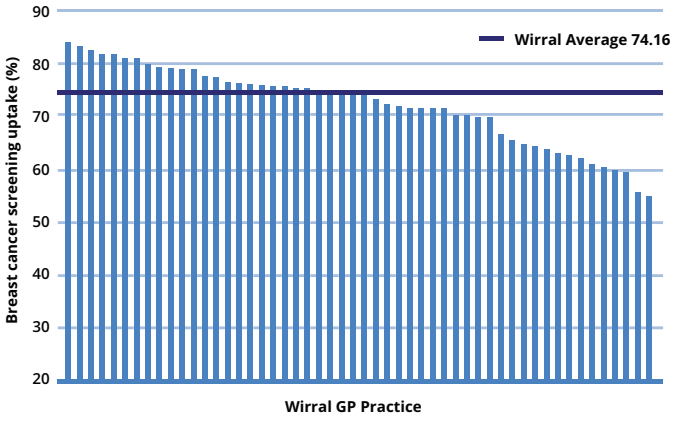
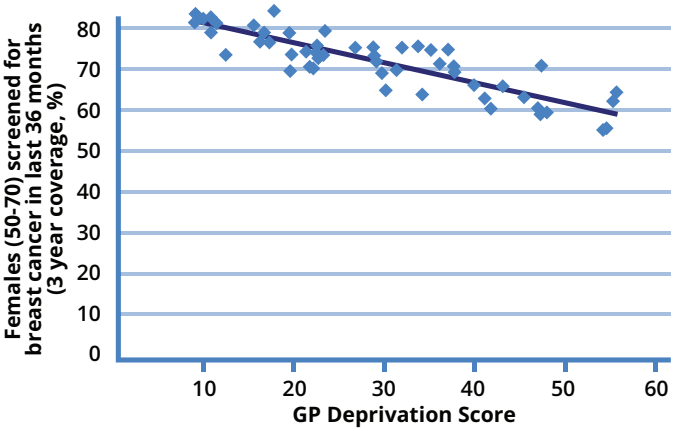


Figure 18: Correlation between GP deprivation score and breast cancer screening coverage.[32]



31 The R2 value of 0.82 means that 82% of the variation in screening rates seen between GP practices is explained by the change in deprivation score.

32 The R2 value of 0.75 means that 75% of the variation in screening rates seen between GP practices is explained by the change in deprivation score.

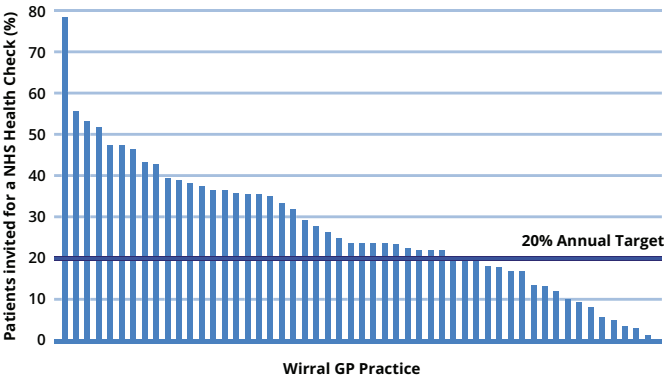
NHS HEALTH CHECKS

The NHS Health Checks programme is the biggest CVD screening programme in the world, with more than 5 million people in England screened since 2013. NHS Health Checks should be offered to men and women aged 40-74 every 5 years.[33] The programme aims to identify vascular risk factors and reduce diabetes, heart disease, kidney disease, stroke and dementia. In England, approximately half of those offered a Health Check receive one and 1 in 3 of those eligible received a Health Check in the previous 5 years.[34]

In Wirral, 80% of those eligible have been offered a Health Check over the past 5 years. 44% of those offered received a Health Check, which is 35% of the eligible population; similar to national figures.

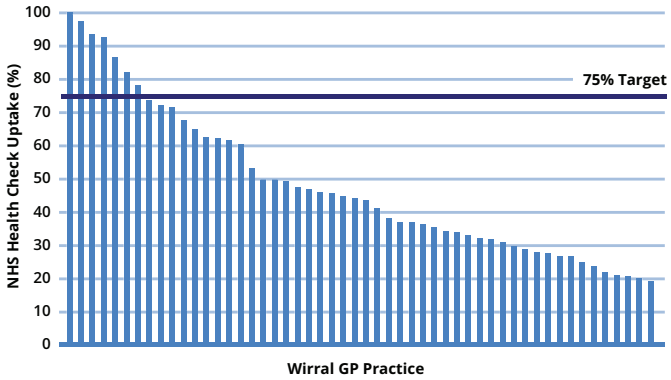
However, there is marked variation by GP practice. If eligible people should receive a Health Check every 5 years then we would expect 20% to be invited and attend a Health Check per year. As Figure 19 shows, some GP practices invited more than 50% of eligible people for a Health Check in 2014-2015, whereas others invited less than 10%.

Figure 19: Percentage of eligible population invited for a Health Check (1st April 2014 – 31st March 2015) by Wirral GP practice.



The uptake rates also vary significantly between practices. In some, almost all of those invited receive a Health Check, whereas for others it is fewer than 1 in 3, as illustrated in Figure 20.

Figure 20: Percentage of invited patients taking up the offer of a Health Check (1st April 2015 - 31st March 2016) by Wirral GP practice.



VARIATION IN HEALTHCARE BETWEEN WIRRAL AND OTHER AREAS

COMMISSIONING FOR VALUE

NHS RightCare and Public Health England produce Commissioning for Value packs, which helps local areas identify conditions and treatments where outcomes vary significantly compared to other parts of the country.[35, 36] Many relate to conditions responsible for avoidable deaths in Wirral.

The NHS RightCare approach to quality improvement provides support on:

- Where to look
- What to change
- How to change it

33 http://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx
34 http://www.healthcheck.nhs.uk/commissioners_and_providers/data/
35 https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/cfv-wirral-jan17.pdf
36 https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2016/08/cfv-wirral-ltc.pdf

Improving Wirral's healthcare system performance to that of its peer Clinical Commissioning Groups could lead to significant improvements in illness rates or early deaths, as well as reducing the financial burden on the system.[37]

Examples include:

- Breast and bowel cancer screening rates are poorer than in comparable CCG areas. For lung cancer, our 1-year survival from diagnosis is lower than our peers.
- Hypertension and coronary heart disease are recorded less frequently in Wirral than prevalence estimates would suggest. Cholesterol levels in patients with coronary heart disease or diabetes and blood pressure in those with hypertension are inadequately controlled in more of our patients than for our peers.
- Chronic obstructive pulmonary disease is an important cause of avoidable death in Wirral, yet it is underdiagnosed compared to its estimated prevalence.
- Our rates of emergency admissions for peptic ulceration or upper gastro intestinal bleeds are higher than our peers, as are our alcohol-specific hospital admissions.
- Wirral's death rates from accidents are higher than our peers, as are injuries due to falls, and fracture admissions in those aged over 65.
- The proportion of patients being seen within 6 weeks of an IAPT (Improving Access to Psychological Therapies) referral is lower than our peers and our excess deaths in adults under 75 years old with severe mental illnesses is one of the worst in England.

VARIATION IN DIAGNOSTIC TESTING

There are marked differences in rates of diagnostic testing across England (e.g screening or other tests to determine presence or absence of disease). These differences may be due to variations in need, provision, referral or access and the availability of alternative tests. Appropriate use of investigations must be balanced against the risk of harm from the test or from overdiagnosis of the condition.[38]

Our coverage of men aged 65 in the NHS abdominal aortic aneurysm (AAA) screening programme was lower than the England average at 77%, though this had improved between 2013/14 and 2014/15.

Our bowel cancer screening rates are significantly lower than the national average and colorectal cancer is a notable cause of avoidable mortality in Wirral.[38]

Upper gastrointestinal investigation rates (gastroscopies and endoscopic ultrasounds) are high in Wirral. Some of this will be explained by the high rates of alcohol-specific admissions and upper gastrointestinal bleed admissions seen locally.[38]

Such aggregate figures can mask inequalities within Wirral. For example, it is likely that there will be higher rates of AAA (abdominal aortic aneurysms) in more deprived areas (due to risk factors such as smoking and high blood pressure). There is a lower uptake of many screening programmes in these areas.

Those who would benefit most from this screening are the least likely to receive it.

37 Our peer, demographically similar CCG areas are Wakefield, Wigan Borough, North Tyneside, South Sefton, Barnsley, Stockport, Sunderland, St Helens, Rotherham, Durham Dales, Easington and Sedgefield
38 https://fingertips.phe.org.uk/documents/DiagnosticAtlas_FINAL.pdf

5. How can we reduce avoidable deaths?

To reduce avoidable deaths we need local organisations and people to work together to make the borough a healthier place to live and work.

Action needs to span prevention, diagnosis and treatment, as illustrated in Figure 21, and begins with continued efforts to reform the structural and socioeconomic determinants of health before examining individual and healthcare domains.

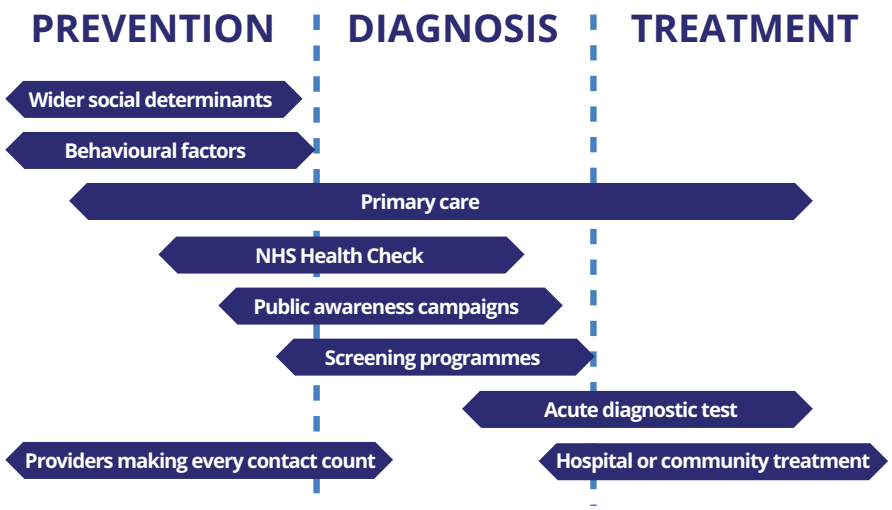
In his influential 2002 report, Derek Wanless modelled three scenarios to estimate their impacts on the future of the NHS and the health of British people.[39] The most optimistic described a state of full engagement, where the public use all available information to take control of their own health. There is a dramatic decline in risk factors such as smoking and obesity with the greatest improvements seen in areas of deprivation. People would then live longer lives and spend fewer years in ill health and health and social care services would modernise rapidly to deliver innovative, high quality services to the engaged population.

Such a scenario requires a different conversation between public services and the public, where goals are shared and each take responsibility for improving health. Though the report was produced 15 years ago, these aspirations are as relevant and desirable today.

Empowering people to take control of their own health and become experts in their own conditions is key to improving care, as even those with chronic conditions will have limited contact time with health professionals.[40]

New models of care that offer easy access to information, and digital technologies like wearable devices, telehealth and home monitoring are critical.

Figure 21: Domains of intervention, reproduced from Living Well for Longer (DoH, 2013).[41]



39 http://www.yearofcare.co.uk/sites/default/files/images/Wanless.pdf
40 https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
41 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181103/Living_well_for_longer.pdf

WORKING TOGETHER

Working across the domains of prevention, diagnosis and treatment means working across organisational boundaries and making our residents' health and wellbeing our primary focus. However, our current ways of working often focus on treating those with established disease in acute settings. We must incentivise the health and social care system to prioritise prevention and reduce variation in care and outcomes. We must share knowledge, expertise and resources and be prepared to work in new and innovative ways.

Services should be integrated across primary, community, social and acute sectors, with connections into the voluntary sector to reduce the risk of hospital admission and increase the availability of care in a local community based setting and, where possible, in people's homes.

All providers and commissioners should see themselves as responsible for the health and wellbeing of all Wirral's residents.

Public Health England recommends that clinical commissioning groups (CCGs), local authorities and other local partners work collaboratively to establish effective and comprehensive pathways of care based on the local population needs.[42]

Wirral Council and Wirral CCG have taken the first steps in creating a system of integrated commissioning and this is an exciting opportunity to join up health and social care across the borough.

42 https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions

Focus on specific causes of avoidable death

Smoking

Smoking remains the single biggest risk factor for early death in Wirral and is the primary reason for the gap in life expectancy between our most and least deprived areas.[43] Smoking is a significant contributor to avoidable mortality in Wirral through heart disease, cancers and chronic obstructive pulmonary disease. We must continue to target reductions in tobacco use.

Smokers who manage to quit reduce their lifetime health and social care costs by 48% and the biggest short-term savings come from helping those in contact with the NHS to stop smoking. Delivering assessment, very brief advice and referral during every patient episode in secondary care would increase quit rates and be cost-saving within 5 years.

CASE STUDY 1: SMOKE FREE NHS

The Clatterbridge Cancer Centre has partnered with Wirral Council in an ambitious project to become a smoke-free site. Not only does stopping smoking massively reduce your risk of developing cancer, but it also makes treatment for cancer more effective.[44] The Trust's policies are being updated following a thorough examination of the patient pathways to find out what works and identify any blockages. This work also challenges the perceptions of staff and patients through innovative internal and external marketing. The goal is that all patients and relatives who smoke are supported to quit.

CASE STUDY 2:

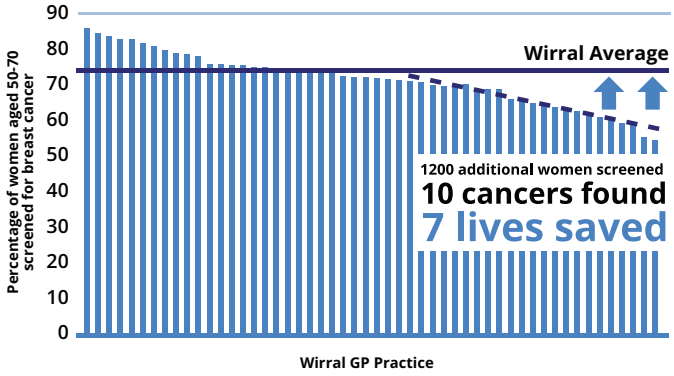
Even those who are very ill can be supported to stop smoking. A 42 year old man admitted to Arrowe Park Hospital with kidney and liver failure related to alcohol use, was supported to quit with nicotine replacement therapy during his inpatient stay. He had ongoing home visits and telephone support after discharge and remained smoke free 30 weeks later.

Screening

Reducing inequalities in screening uptake within Wirral could lead to health gains and reductions in premature mortality. For example, 8 women in every 1000 who are screened for breast cancer are found to have breast cancer.[45] Women whose breast cancer is diagnosed through screening are more likely to be alive at three years than through any other route and breast screening saves approximately 1300 lives in the UK annually.[46]

If all GP practices whose breast screening rates are below the current Wirral average (74.2%) improved to the Wirral average, we would expect to screen an additional 1200 women per screening round. This could identify an additional 10 breast cancers and save 7 lives, as illustrated in Figure 22.

Figure 22: Example improvement in females aged 50-70 screened for breast cancer by Wirral GP practice



Beyond this relatively modest ambition, if every eligible woman in Wirral was screened, we could save 60 lives per screening round. Though a 100% uptake may not be a realistic ambition, it does illustrate the potential benefits if improvements are made.

For bowel cancer screening, if all GP practices whose rates were below the Wirral average (55.9%) improved to that average, we would expect to find 4 additional cancers per screening round. Public Health England produce a return on investment tool for colorectal cancers, which includes

43 https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions
44 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5201385
45 http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/diagnosis-and-treatment#heading-Seven
46 http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/diagnosis-and-treatment#heading-Eight

a number of interventions to increase screening rates and allows calculation of expected costs and benefits.[47] Five-year survival is vastly improved by earlier diagnosis of bowel cancer and a patient diagnosed late costs the NHS around £12,500 compared to £3,400 if diagnosed early.[48] The cost and impact on them and their families would also be considerable.

Diet, exercise and obesity

Poor diet and being overweight or obese are important underlying causes of death in Wirral. Factors such as food composition, marketing, availability and price have considerable impacts on consumption and health but there are many areas where we can have a local impact.

Our weight management services should be co-commissioned so that patients experience a comprehensive and integrated service.[49] Wirral CCG and Wirral Council will soon be co-commissioning tier II and tier III services.

All public sector sites should provide healthy food and drink options. Wirral Council should continue to work with local retailers to increase the availability of healthy food options.

Increasing physical activity can improve cardiovascular health and mental health and reduce cancers and type II diabetes. Options to help people be more active range from encouraging active travel through transport and planning policy, incentivising cycling to work through bike schemes and staff parking policies, using national campaigns to promote exercise, and helping healthcare staff to deliver brief advice around exercise.[49]

CASE STUDY 3: TIER II WEIGHT MANAGEMENT SERVICE

Since April 2016, Wirral has taken a new approach to supporting individuals who need some help with achieving and maintaining a healthy weight.Wirral Council has entered into an arrangement with Slimming World and Weight Watchers under which qualifying residents can access 12 weeks of free healthy lifestyle (Tier II) intervention from their choice of these providers. The sessions provide a balance of healthy eating advice, help with becoming more active and motivational input to support individuals with challenging changes.

Target weights for service users are discussed and set early on in the intervention and if these are met, there are opportunities to stay within services and receive free, on-going support. Access to this service is via the GP surgery where GPs, practice nurses and sometimes health care assistants can refer people for support.

So far, the new approach has been very successful and proved to be popular with both service users and referrers alike. Up until February 2017, when the service had been operating for 12 months, a total of 1240 individuals had accessed support with 28% of these losing a clinically significant 5% of their body weight – a degree of weight loss linked directly to reduced health risks e.g. type 2 diabetes.

Encouragingly, we have seen more referrals from our more deprived areas than less deprived areas but more than 85% of referrals are in women, suggesting that men are less likely to benefit from the services. Despite the good outcomes that some experience following engagement with these services, we must be honest about the scale of the problem that obesity presents. Two-thirds of Wirral's adults are overweight or obese.[50] A third of Year 6 primary school children are overweight or obese and for many this means a lifetime of excess weight. It is not desirable or feasible for this problem to be managed though individual engagement with services and we need an upstream approach that prevents obesity across the life course.

47 https://www.gov.uk/government/publications/return-on-investment-tool-colorectal-cancer
48 https://www.incisivehealth.com/uploads/Saving%20lives%20averting%20costs.pdf
49 https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions
50 http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E12000002/ati/102/are/E08000015

High Blood Pressure

Heart disease and strokes are key causes of avoidable deaths in Wirral and high blood pressure contributes to both. The Cheshire and Merseyside Public Health Collaborative (Champs) have developed a programme to prevent, detect and treat hypertension.[51] This ambitious approach aims to help the estimated 350,000 people across Cheshire and Merseyside with diagnosed high blood pressure and the further 275,000 who are thought to be affected, but are unaware that they have the condition.

Coronary heart disease was the largest single cause of avoidable mortality in Wirral, and nationally it is responsible for 1 in 4 premature deaths.[52] A Public Health England tool estimates that if all GP practices performed as well as the 75th percentile for managing blood pressure in people with hypertension (better than the bottom three-quarters of practices)[53], then over 5 years we would expect to prevent:

- 20 strokes
- 13 heart attacks
- 8 diagnoses of heart failure
- 10 deaths

This would equate to savings to the NHS of over £370,000 per year, as well as social care savings of nearly £80,000.

Diabetes

Approximately 10% of the NHS budget is spent on diabetes treatment.[54] Prevention of obesity is a key component in preventing and ameliorating type 2 diabetes but the impact of the disease can be reduced through improved patient education and access to regular checks and reviews.

The management of diabetes is an excellent example of how patient empowerment could improve outcomes. We need to design services that promote self-care; allowing people to become experts in their own health so they can manage their condition more effectively and reduce complications related to their disease.

The Healthier You: Diabetes Prevention Programme delivered in Wirral offers evidence based interventions to delay or prevent onset of Type 2 diabetes in those already identified to be at high risk.

By supporting people to take control of their own health, and make changes to their diet, weight and the amount of exercise they do the programme can reduce the risk of, or even stop people, developing Type 2 diabetes.

CASE STUDY 4: KNOW YOUR NUMBERS WEEK, SEPT 2016

About 1 in 4 UK residents have undiagnosed and untreated high blood pressure. Wirral Council joined pharmacies across the borough in pledging to check as many blood pressures as possible during Know Your Numbers Week in late 2016.

As part of this, the team set up a stall in Birkenhead Market for a day. Of nearly 400 blood pressures checked, 75 were found to be elevated and a further 10 were deemed dangerously high and required urgent assessment. We have built on this success with several more events across Wirral this year.

If you are aged 40 – 74, with no previous history of cardiovascular disease, you are eligible for a free Health Check every 5 years at your GP practice. This is an excellent opportunity to get your blood pressure checked as well looking at your weight, diet, smoking, lifestyle, memory and family history.

51 http://www.champspublichealth.com/sites/default/files/FINAL%20BP%20Strategy%2017.5.16_0.pdf
52 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/556135/Action_on_cardiovascular_disease-getting_serious_about_prevention.pdf
53 http://www.yhpho.org.uk/nop/
54 https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions

Health Checks

We must make efforts to better understand the difference in invitation and uptake rates in NHS Health Checks seen within Wirral.[55] Nearly 100,000 people are eligible for an NHS Health Check in Wirral but fewer than 40,000 received one in the past 5 years.[56] Performing just 1000 extra Health Checks might identify 100 people at high risk of cardiovascular disease, diagnose 5-10 cases of type II diabetes and find more than 25 people with high blood pressure.[55]

Alcohol

Wirral's residents, families, communities and services experience a particularly high burden of ill-health and social harm from alcohol. We are working to improve the environment through licensing interventions and changes to the way alcohol is sold. We are also minimising harm from super-strength alcohol through our Reducing the Strength Scheme. We should ensure that our hospital alcohol care team delivers evidence based care and training to the wider workforce on delivering identification and brief advice (IBA).[57]

Brief advice for people drinking to excess should be delivered in primary and secondary health care with robust referral pathways to those who need additional support. On average, for every 8 people who receive brief advice, 1 person would reduce their drinking to safer levels and if this is implemented systematically, there is great potential to help a large number of people.[58]

CASE STUDY 5:
WIRRAL LOCAL ALCOHOL ACTION AREA

In early 2017, Wirral was awarded Local Alcohol Action Area status by the Home Office. This means that Wirral is part of a prestigious national project which aims to reduce health harms to local people from alcohol misuse through improved data sharing and intelligent use of information between local organisations.

Respiratory disease

It is likely that chronic obstructive pulmonary disease (COPD) is underdiagnosed and insufficiently monitored in Wirral. In addition to this, the variations in vaccination rates seen mean that some of our high risk residents are not protected against influenza or pneumococcal pneumonia. One episode of community acquired pneumonia is avoided for every 21 people with COPD who are given the pneumococcal vaccination.[59] Vaccinating just 8 people should prevent one exacerbation of COPD over the next 2 years.

Falls and external causes

Falls are a significant cause of avoidable mortality (all ages) and the largest external cause of mortality. In Wirral, 7 in 10 people attending A&E for falls are aged over 65, and of those, 7 in 10 are female.[60] Apart from avoidable deaths, falls account for 40% of care home admissions and cost the health and social care economy around £8.9 million per year.

Interventions and services that target a range of risk factors for falls are the most successful at preventing them and treating between 5 and 25 people in this way will prevent one fall on average. PHE advocate strength and balance exercise programmes for older people and the development of fracture liaison services in acute trusts.[61] Suicide is most common in those aged under 65 and is more common in men than women in Wirral.[62] The causes and possible ways to prevent suicide are complex and a comprehensive programme of activity is needed to reduce its impact.

55 www.healthcheck.nhs.uk/document.php?o=1293
56 http://www.healthcheck.nhs.uk/commissioners_and_providers/data/north_of_england/north_west/?la=Wirral&laid=73
57 https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions
58 http://www.nwph.net/Publications/NNT_FINAL.pdf
59 https://discover.dc.nihr.ac.uk/portal/article?id=SIG-5000420&utm_content=bufferbca44&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer#.WT5JmpxlkQ8.email
60 http://info.wirral.nhs.uk/ourjsna/falls_older_people.html
61 https://www.gov.uk/government/publications/local-health-and-care-planning-menu-of-preventative-interventions
62 http://info.wirral.nhs.uk/document_uploads/JSNA%202017/Suicide_Audit_2015_FINAL.pdf

CASE STUDY 6:
SUICIDE PREVENTION

Wirral Council is playing a leading role in developing and delivering the No More Suicide strategy across the Cheshire and Merseyside region through the Champs Public Health Collaborative.[63] This comprehensive programme of work aims to improve mental wellbeing and resilience in at-risk groups and reduce access to the means of suicide. Suicide prevention training will be delivered to key members of the local workforce and the stigma associated with poor mental health will be challenged through a programme of events including several on Tranmere Rovers Football Club match days, which should engage with men aged 20-40 who are at the greatest risk of suicide.

EMPOWERING PEOPLE AND COMMUNITIES

Wirral is one of only 15 areas selected to work with NHS England to support local people to take a more active role in their own health and wellbeing. This includes working in partnership with communities to build public health and wellbeing through connecting people to activities and support in their local communities and Supporting self-care for people living with long-term conditions. As part of this programme there is a focus upon identifying people with long-term conditions who need more support to manage their health and wellbeing in order to improve their health outcomes.

REDESIGNING LOCAL SERVICES TO PROMOTE SELF-CARE AND EARLY INTERVENTION

As part of the Healthy Wirral Programme local partners have been piloting new ways of delivering care for people living with diabetes and respiratory disease in Wirral. This involves care being delivered in an integrated way across primary, community, social and acute sectors with connections into the voluntary sector.

The programme aims to empower and enable people to understand and manage their condition in order to stay healthy and out of hospital. There is a focus on improving outcomes for all and reducing health inequalities. Specialist care has been moved out of the hospital and into local community settings with a focus on areas of greatest need.

63 http://www.no-more.co.uk/

6. Recommendations

This report has demonstrated that there are high numbers of avoidable deaths occurring across Wirral and that these deaths are more likely to occur within our poorest communities and in males.

The main reasons people are dying at an early age are cancer, heart disease and strokes, respiratory disease, alcohol related liver disease, falls and suicides.

There are numerous examples of good practice across Wirral to reduce avoidable deaths. However, if we are going to have an impact on avoidable mortality and the health inequalities that drive it, there is a need to put prevention first and develop interventions on an industrial scale. Potential measures that could be introduced across Wirral in order to reduce avoidable mortality include:

For Wirral partners:

- Wirral Council and partner organisations **working together to tackle the wider determinants of health** such as housing, environment, economy etc. The Marmot Review into health inequalities in England (2010) put forward an evidence based strategy to address the social determinants of health. It recognised that the conditions in which people are born, live, work and age lead to health inequalities.
- **Introducing a minimum price per unit of alcohol.** The Independent Review of the Effects of Alcohol Pricing and Promotion found that introducing a minimum price per unit would save lives, reduce hospital admissions and reduce levels of crime. Introducing a minimum price of 50p. per unit would save 4 lives each year and prevent 149 hospital admissions across Wirral.
- **Actively promoting and facilitating healthy lifestyles within private and public sector workforces** (targeting manual workers). Even within the current economic climate, the business case for creating healthier workplaces remains strong (including such benefits as improved staff morale, service quality and reduced sickness absence).

For health and social care organisations:

- **Train frontline staff in brief interventions** on lifestyle issues, e.g. alcohol, smoking, healthy weight. The use of brief advice has been shown to be effective and cost-effective; for every eight people who receive simple advice on alcohol misuse, one will reduce their drinking to within lower-risk levels.
- **Increase uptake and accessibility to Stop Smoking Services,** smoking remains the main cause of avoidable death; it is the primary reason for the gap in healthy life expectancy between rich and poor
- **Increase the uptake of national screening programmes** across Wirral by the use of GP led initiatives and social marketing campaigns aimed at high risk groups. Locally 1 in 5 women do not take up the offer of breast screening and 1 in 3 people do not take the opportunity to be screened for bowel cancer. **Analysis suggests focusing initial campaigns on 4 cancer sites: colorectal, breast, bladder and skin could potentially save 1 life every 4 days in Wirral.**
- **Raising awareness of early signs and symptoms of cancer** in all frontline health and social care staff.
- **Increasing the uptake of the influenza vaccinations** amongst younger people classified as being at high risk. Currently in Wirral only 50% of people classified as being at high risk, under 65 years of age, have a seasonal flu jab leaving around 18,000 people unprotected during the winter flu season.
- GP practices **investigating the potential barriers to accessing healthcare for high risk groups** particularly males living in deprived areas and developing services to reflect the needs of this population.
- **Implementing NHS health checks.** If the Health Checks programme in Wirral had achieved the local uptake target of 60% (the actual was 42.6%) we could have identified an additional 123 people with high blood pressure, 29 people with type 2 diabetes and 14 people with chronic kidney disease.

- **Promote self-care and early intervention:** Care needs to be delivered in an integrated way across primary, community, social and acute sectors with connections into the voluntary sector. We are one of only 15 areas selected to work with NHS England to support local people to take a more active role in their own health and wellbeing, we need to maximise the opportunities this provides us.

For Wirral residents:

- **Expect better for yourself.** Help friends and relatives benefit from healthier lives, screening opportunities and healthcare by seeking help for symptoms of serious diseases.
- Screening tests save lives by catching things early, when they can be treated. **If you are invited, please get the test done.** If you have any worries, talk it through with your GP surgery. Screening is available for breast, bowel and cervical cancer as well as abdominal aortic aneurysms (weaknesses in one of the main blood vessels).
- **Understand the benefits of screening.**
  - If every woman in Wirral had their breast cancer screening, we could expect to save an extra 60 lives every 3 years.
  - Bowel cancer is the second most common cause of cancer deaths in the UK, but regular bowel cancer screening reduces the risk of dying from bowel cancer by 16%.[64]
- **Take control of your own health.** Learn what makes a healthy lifestyle and make those small changes that can make a big difference to your health.
- **Make use of information services** like NHS Choices online or speak to your local pharmacist. You can ask your GP surgery about help with smoking or your weight, as well as getting symptoms checked out.
- Why not get some **free help on your phone** and try a healthy living app like NHS Smokefree, One You Drinks Tracker, Change4Life Be Food Smart or even Public Health England's Couch to 5K?

CONCLUSION

The recommendations highlight potential measures to reduce avoidable deaths across Wirral. However it is in no way exhaustive. It is recognised that, in reality, there will always be some deaths from avoidable causes simply due to the range of factors that impact on people's lives, including lifestyle, health beliefs, availability and access to healthcare, accidents, etc.

However, reducing avoidable deaths by improving the health of the population and reducing or delaying the onset of long-term conditions, such as heart disease, chronic obstructive pulmonary disease, etc., is an essential part of increasing the quality of life for local people, whilst helping to reduce the impact of an ageing population on health and social care services.

64 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/598271/BOSP01_bowel_cancer_facts.pdf

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